

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 4996, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SOUTH ASIAN HEART HEALTH AWARENESS AND RESEARCH ACT OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3131) to amend the Public Health Service Act to provide for research and improvement of cardiovascular health among the South Asian population of the United States, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3131

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “South Asian Heart Health Awareness and Research Act of 2020”.

SEC. 2. HEART HEALTH PROMOTION GRANTS.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 317U (42 U.S.C. 247b–23) the following new section:

“SEC. 317V. HEART HEALTH PROMOTION GRANTS.

“(a) IN GENERAL.—The Secretary shall make grants to States for the purpose of promoting awareness of the increasing prevalence of heart disease, including, where appropriate, its relationship to type 2 diabetes, in communities disproportionately affected by heart disease such as South Asian communities in the United States.

“(b) USE OF FUNDS.—A State that receives a grant under subsection (a) shall use such grant funds—

“(1) to develop culturally appropriate materials on evidence-based topics such as nutrition education, optimal diet plans, and programs for regular exercise;

“(2) to support heart health promotion activities of community organizations that work with or serve communities disproportionately affected by heart disease, such as South Asian communities in the United States; or

“(3) to support conferences or workshops on research practices, methodology, and design to include more members of communities disproportionately affected by heart disease, such as South Asian communities in the United States, in scientific studies.

“(c) ANNUAL REPORT TO CONGRESS.—Not later than 180 days after the date of the enactment of the South Asian Heart Health Awareness and Research Act of 2020, and annually thereafter, the Secretary shall submit to Congress a report on outreach efforts and data relating to heart disease in communities disproportionately affected by heart disease, such as South Asian communities in the United States.

“(d) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2021 through 2025.”.

SEC. 3. HEART HEALTH RESEARCH.

Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following new section:

“SEC. 409K. HEART HEALTH RESEARCH.

“(a) IN GENERAL.—The Secretary may—

“(1) conduct or support research and related activities regarding cardiovascular disease, type 2 diabetes, and other heart health-related ailments among at-risk populations, including South Asian communities in the United States; and

“(2) establish an Internet clearinghouse to catalog existing evidence-based heart health research and treatment options for communities disproportionately affected by heart disease, such as South Asian communities in the United States, to prevent, treat, or reverse heart disease and diabetes.

“(b) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2021 through 2025.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3131.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, heart disease is the leading cause of death in the United States, and tragically, the risk of heart disease death differs dramatically by race and ethnicity.

Overall, racial and ethnic minorities have an elevated risk of morbidity and mortality due to heart disease. Racial and ethnic minorities confront more barriers to heart health care than White Americans, including higher comorbidity rates, less culturally competent care, and fewer proactive heart health interventions.

This bill, the South Asian Heart Health Awareness and Research Act of 2020, directs the Department of Health and Human Services to build on current heart disease programs to improve further heart health awareness, education, training, and research for groups disproportionately affected by heart disease.

In November 2019, the American Heart Association and other medical groups issued updated cholesterol guidelines that, for the first time, urged doctors to consider ethnicity when determining a patient's cardiovascular risk and treatment options.

This bill builds upon the work of determined medical partners like the American Heart Association to provide more resources for States that wish to expand their heart health programs.

This bill would not be on the floor today without the determined effort of Congresswoman JAYAPAL, and I commend her for her leadership on this. I urge my colleagues to support H.R. 3131.

Madam Speaker, I reserve the balance of my time.

Mr. WALDEN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today to talk about H.R. 3131, the South Asian Heart Health Awareness and Research Act of 2020 sponsored by my friend and colleague from the Northwest, Representative JAYAPAL. This bill authorizes initiatives that will help improve our understanding of cardiovascular disease in South Asians living in the United States, a laudable goal.

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The intent of this bill is laudable, as South Asians are a population disproportionately impacted by diabetes and heart disease. In fact, according to the American College of Cardiology, South Asians represent approximately 25 percent of the world's population, yet they account for 60 percent of the world's heart disease patients.

While I support initiatives to improve health in ethnic and minority communities, I do have some concerns with the bill itself.

In providing technical feedback on the legislation, the Centers for Disease Control and Prevention, CDC, expressed concerns that the grants authorized under the legislation would be duplicative of their current efforts to address cardiovascular disease in disproportionately impacted communities. These efforts include the CDC's Division of Nutrition, Physical Activity and Obesity, in addition to the health promotion grants to States and the WISEWOMAN Program, which stands for Well-Integrated Screening and Evaluation for WOMen Across the Nation.

In addition, the CDC expressed concerns that it would not be able to provide the data that the bill is mandating the agency report on.

Broadly, the agency does have data on minority and disproportionately impacted groups with regard to cardiovascular disease; that is true. However, they do not have enough data on the specific subgroup of the South Asian population in order to put together a complete and meaningful report that would be useful for Congress in making future policy decisions. While unfortunate, it is because CDC does not yet have the data collection technology nor the capabilities to obtain that kind of granular data.

Therefore, before mandating such a report, Congress should instead pass H.R. 5321, the Public Health Infrastructure Modernization Act, led by Representatives CARTER and MCBATH, bipartisan legislation which would modernize CDC's data infrastructure and

improve the collection of more granular information on communities disproportionately impacted by cardiovascular disease, such as South Asian communities. It would be nice if we had that bill moving through, because that, I think, would provide the ability for CDC to get the data that this bill before us today requires.

So I appreciate the gentlewoman from Washington for bringing needed attention to this issue. I would like to thank the majority for working with us to get this bill to a better place. While we agree with the administration's concerns, we also think the bill is a good first step in raising awareness about this important public health issue.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as she may consume to the gentlewoman from Washington (Ms. JAYAPAL), who is the sponsor of the bill.

Ms. JAYAPAL. Madam Speaker, I thank the chairman for his leadership and the ranking member for his excellent comments.

I understand the concerns, and I would just say that, as the first South Asian-American woman ever elected to the U.S. House of Representatives, I am so proud to see this important bill come to the floor, and I want to thank my colleague, Representative JOE WILSON, for his help and support of this important bipartisan bill.

South Asians are the second fastest growing minority group in the United States, and yet this group is four times more at risk of developing heart disease than the general population and has the highest prevalence of type 2 diabetes.

The research and understanding of why we are so prone to heart disease is limited, while the devastating impact on our families is only increasing. In fact, the story of this bill, as much legislation happens, began when my former deputy chief of staff, Ven Neralla, unexpectedly lost his mother to heart disease. Wanting to understand why this happened, we found that this was not just an isolated incident, but an alarming trend that had received far too little attention.

The South Asian Heart Health bill will fund the creation of culturally appropriate materials, engagement with community groups working to promote South Asian heart health, and create an information clearinghouse about South Asian heart health. The bill also funds grants for the CDC and NIH to conduct research on the impact of heart disease on South Asians in the United States.

The bill has been endorsed by an incredible number of medical organizations, including the American College of Cardiology, the American Heart Association, WomenHeart, the South Asian Public Health Association, and many, many more.

COVID-19 has taught us the value of preventing underlying health condi-

tions and addressing health inequities afflicting communities of color. The South Asian Heart Health bill is a significant step in raising the alarm, reversing the trend of heart disease in our communities, and saying to South Asian-American communities across the country: We see you here in Congress, and we are ready to help.

Mr. WALDEN. Madam Speaker, I have no additional speakers on my side of the aisle, and I yield back the balance of my time.

Mr. PALLONE. I urge support of this bill, and I yield back the balance of my time, Madam Speaker.

Mr. LEVIN of Michigan. Madam Speaker, I rise in strong support of the South Asian Heart Health Awareness and Research Act.

This bipartisan measure will raise awareness in the South Asian community about alarming increases in heart disease and invest in ways to reverse this trend.

South Asians in the United States are those who immigrated or whose families immigrated from countries including India, Pakistan, Bangladesh, Sri Lanka, and Nepal. South Asians represent the sixth largest and fastest-growing ethnic group in our nation.

Despite a traditional diet high in lentils, vegetables, grains and spices, heart disease is on the rise in these communities. A Stanford study found that South Asians' risk of having a heart attack before 50 is four times greater than the general population's.

South Asians also have the highest prevalence of Type 2 diabetes. As diabetes is one of the most serious drivers of heart disease, stats underscore the urgent need for action.

The tools and research this bill promotes will give us the insight needed to save lives not just in the South Asian community, but the greater public, too.

I thank Congresswoman JAYAPAL for her vision in developing this bill and urge my colleagues to support it.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 3131, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SCHOOL-BASED ALLERGIES AND ASTHMA MANAGEMENT PROGRAM ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2468) to amend the Public Health Service Act to increase the preference given, in awarding certain allergies and asthma-related grants, to States that require certain public schools to have allergies and asthma management programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2468

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "School-Based Allergies and Asthma Management Program Act".

SEC. 2. ADDITIONAL PREFERENCE TO CERTAIN STATES THAT REQUIRE CERTAIN PUBLIC SCHOOLS TO HAVE ALLERGIES AND ASTHMA MANAGEMENT PROGRAMS.

Section 399L(d) of the Public Health Service Act (42 U.S.C. 280g(d)) is amended—

(1) in paragraph (1)(F)—

(A) by redesignating clauses (i), (ii), and (iii) as subclauses (I), (II), and (III), respectively, and moving each of such subclauses (as so redesignated) 2 ems to the right;

(B) by striking "EPINEPHRINE.—In determining" and inserting "EPINEPHRINE OR SCHOOL COMPREHENSIVE ALLERGIES AND ASTHMA MANAGEMENT PROGRAM.—"

"(i) IN GENERAL.—In determining";

(C) by striking "in the State—" and inserting "in the State satisfy the criteria described in clause (ii) or clause (iii)."

"(ii) CRITERIA FOR SCHOOL PERSONNEL ADMINISTRATION OF EPINEPHRINE.—For purposes of clause (i), the criteria described in this clause, with respect to each public elementary school and secondary school in the State, are that each such school—"; and

(D) by adding at the end the following new clause:

"(iii) CRITERIA FOR SCHOOL COMPREHENSIVE ALLERGIES AND ASTHMA MANAGEMENT PROGRAM.—For purposes of clause (i), the criteria described in this clause, with respect to each public elementary school and secondary school in the State, are that each such school—

"(I) has in place a plan for having on the premises of the school during all operating hours of the school a school nurse or one or more other individuals who are designated by the principal (or other appropriate administrative staff) of the school to direct and apply the program described in subclause (II) on a voluntary basis outside their scope of employment; and

"(II) has in place, under the direction of a school nurse or other individual designated under subclause (I), a comprehensive school-based allergies and asthma management program that includes—

"(aa) a method to identify all students of such school with a diagnosis of allergies and asthma;

"(bb) an individual student allergies and asthma action plan for each student of such school with a diagnosis of allergies and asthma;

"(cc) allergies and asthma education for school staff who are directly responsible for students who have been identified as having allergies or asthma, such as education regarding basics, management, trigger management, and comprehensive emergency responses with respect to allergies and asthma;

"(dd) efforts to reduce the presence of environmental triggers of allergies and asthma; and

"(ee) a system to support students with a diagnosis of allergies or asthma through coordination with family members of such students, primary care providers of such students, primary asthma or allergy care providers of such students, and others as necessary."; and

(2) in paragraph (3)(E)—

(A) in the matter preceding clause (i), by inserting "such as the school nurse" after "individual"; and

(B) in clause (i), by inserting "school nurse or" before "principal".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in